MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH
County BUCHANAN — Registration District No. 84 — File No. 19431
Township ~~RUSH~~ — Primary Registration District No. 4052 — Registered No.
City RUSHVILLE (No. , St. Ward)

2. FULL NAME MARTHA JANE WELLS
(a) Residence, No. RUSHVILLE, MO. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SAMUEL BENTON WELLS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 12-1858

7. AGE: YEARS 88 — MONTHS 9 — DAYS 24 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WESTON MISSOURI

FATHER
13. NAME THOMAS B. WHITE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN-BOONE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN UNKNOWN

17. INFORMANT (ADDRESS) ROY L. WELLS RUSHVILLE, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ARMSTRONG CEM. DATE MAY 9 1937

19. UNDERTAKER (ADDRESS) Wm. Stanton ATCHISON, KANSAS

20. FILED 5-8- 1937 L. F. Gingery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to May 6, 1937
I last saw her alive on May 6, 1937. Death is said to have occurred on the date stated above, at 10:10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholec-cystitis	May 1-1937
Abscess of Gall Bladder.	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? usual test Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E. B. McAdow, M. D.
(Address) DeKalb Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.